

EPA ID:  
Name:  
Address:

**KANSAS DEPARTMENT OF  
HEALTH AND  
ENVIRONMENT**  
2007 Hazardous Waste Report



**FORM  
WR**

**WASTE RECEIVED FROM OFF-SITE**

Instructions: Please see the detail instructions on pages 22 to 24 of booklet before completing this form.

<b>Waste 1</b>	A. Description of hazardous waste	B. EPA hazardous waste code [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ]	C. State hazardous waste code [ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ]
D. Off-site handler EPA ID number [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ]		E. Quantity received in 2007 [ ][ ][ ][ ][ ][ ][ ][ ][ ] . [ ][ ]	F. UOM    Density [ ]    [ ][ ] . [ ][ ] <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code [W][ ][ ][ ]		H. Management Method code [H][ ][ ][ ]	
<b>Waste 2</b>	A. Description of hazardous waste	B. EPA hazardous waste code [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ]	C. State hazardous waste code [ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ]
D. Off-site handler EPA ID number <input type="checkbox"/> Mark if same as in Waste 1 [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ]		E. Quantity received in 2007 [ ][ ][ ][ ][ ][ ][ ][ ][ ] . [ ][ ]	F. UOM    Density [ ]    [ ][ ] . [ ][ ] <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code [W][ ][ ][ ]		H. Management Method code [H][ ][ ][ ]	
<b>Waste 3</b>	A. Description of hazardous waste	B. EPA hazardous waste code [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ]	C. State hazardous waste code [ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ]
D. Off-site handler EPA ID number <input type="checkbox"/> Mark if same as in Waste 2 [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ][ ]		E. Quantity received in 2007 [ ][ ][ ][ ][ ][ ][ ][ ][ ] . [ ][ ]	F. UOM    Density [ ]    [ ][ ] . [ ][ ] <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Form code [W][ ][ ][ ]		H. Management Method code [H][ ][ ][ ]	
Comments:			